

**Dr. Billy J Freels \$2,000 Memorial Scholarship**

**NEW I** **Deadline: March 10th by 4:00pm** at the **GO CENTER**

Scholarship is for graduating seniors from Sharyland High School who plan to enroll in a four year college or university as a full-time student (minimum 12 semester hours).

Requirements to apply to this scholarship:

- ☐ Senior
- ☐ Top 25% of his/her graduating class
- ☐ Student has not received a scholarship in excess of \$500
- ☐ Applicant must have been a student at Sharyland High School during his/her 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grade year.
- ☐ Student must have a 3.0 (on a 4.0 scale) or better.
- ☐ The recipient must return the money to the scholarship fund if he/she decides not to attend or withdraws from school.
- ☐ Student must demonstrate financial need

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**Submit the following documents to the GO CENTER**

- ☐ University acceptance letter
- ☐ Resume
- ☐ Local Scholarship Application/Student Profile Sheet
- ☐ Student aid report
- ☐ Official transcript (must include rank and GPA)
- ☐ Typed essay, one page, single spaced, 12 point, use Ariel font. Topic:
  - Why do you deserve this scholarship and include your educational and career goals.
- ☐ Photo Release Form

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**F R E E L S**  
**ORTHODONTICS**  
Chris A. Freels D.D.S., M.S., P.A.  
3220 Buddy Owens Blvd.  
McAllen, Texas 78504  
(956) 631-8181

**PHOTO RELEASE**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18 years of age, Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Specialist in Orthodontics for Children and Adults*